



Envisioning the Future Employment Summit

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Most of my future is behind me



C. Barzotti

"Our next speaker looked into the abyss and made a few notes."



- “The purpose of memory is to predict the future”

~Dr James McGaugh

- “Perhaps long- term memory evolved *because* it was useful for simulating the future. In other words, the fact that we can remember back into the distant past is due to the demands and advantages of simulating the future.”

~~Michio Kaku, in The Future of The Mind

REMEMBER: Things DO change as a result of social marketing

(some examples per NYTimes 9/14/14 , I.V. Sawhill, "Beyond Marriage, " some vs)

- Littering violates social norms now-remember Lady Bird Johnson?



- Teenage pregnancy and births down
- More people wear seat belts, and fewer drive drunk
- Fewer people smoke
- Marijuana laws are changing in many states
- Same sex marriage acceptance
- What else?

Things that haven't changed quite yet...but **we are in action**

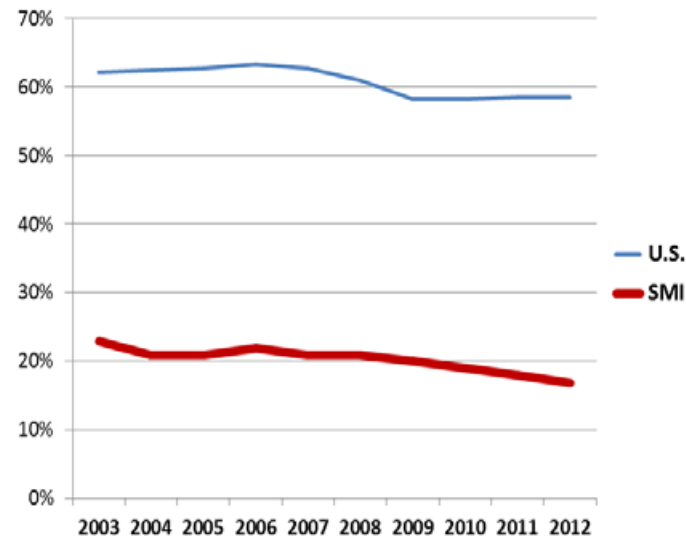
- Higher early mortality among people with mental illness led us to Health Care Homes;
- Affordable Care Act has reduced numbers of people without insurance...but we have not quite gotten to Medicaid Expansion in MO;
- We have increased the numbers of Supported Employment sites in US and in MO

...but...STILL.....

NAMI : Road to Recovery: Employment and Mental Illness

Employment Rates, 2003-2012

US Population - Serious Mental Illness



Employment status 2012

SAMHSA Uniform Reporting System

State	Employed	Unemployed
Arkansas	21.2%	78.8%
Illinois	16.8%	83.2%
Iowa	31.6%	68.4%
Oklahoma	20.7%	79.3%
Tennessee	20.1%	79.8%
Kansas	29.8%	70.2%
Nebraska	29.3%	70.8%
Missouri	10.9%	89.1%

But on the bright side...



We are thinking about Careers vs Jobs

Essence of presentation by Mark Salzer, Temple University presented at State of the Science meeting Sept, 2013:

- People hear terribly negative messages about career prospects-
- Research from several reviews conclude that the beliefs and attitudes of mental healthcare providers do not differ from those of the population, or are even more negative.

Salzer continued...

Similar normative factors that affect all of us affect people with psychiatric disabilities:

- Local unemployment rates affect all workers
- Education pays- People with more education earn more over the lifespan, yet people we serve have lower educational attainment, and early onset of illness is related to this factor.
- Consider strategies to boost skill sets even slightly
- Labor policies and universal strategies assisting all people with these issues can help.

Mark Salzer info continued

- We need to increase awareness that “people with psychiatric conditions can hold well-paid positions with significant responsibilities. Pessimism about diminished vocational capabilities of all persons with psychiatric disabilities is unwarranted.”

Fastest Growing Occupations per Occupational Outlook Handbook

- [Industrial-organizational psychologists](#)
- [Personal care aides](#)
- [Insulation workers, mechanical](#)
- [Interpreters and translators](#)
- [Diagnostic medical sonographers](#)
- [Helpers--brickmasons, blockmasons, stonemasons, and tile and marble setters](#)
- [Occupational therapy assistants](#)
- [Genetic counselors](#)
- [Physical therapist assistants](#)
- [Physical therapist aides](#)
- [Skincare specialists](#)

**The evidence mounts about the value of
employment!**



SSA Employment Demonstration study (The Mental Health Treatment Study, “MHTS,” conducted from 2006-2010)

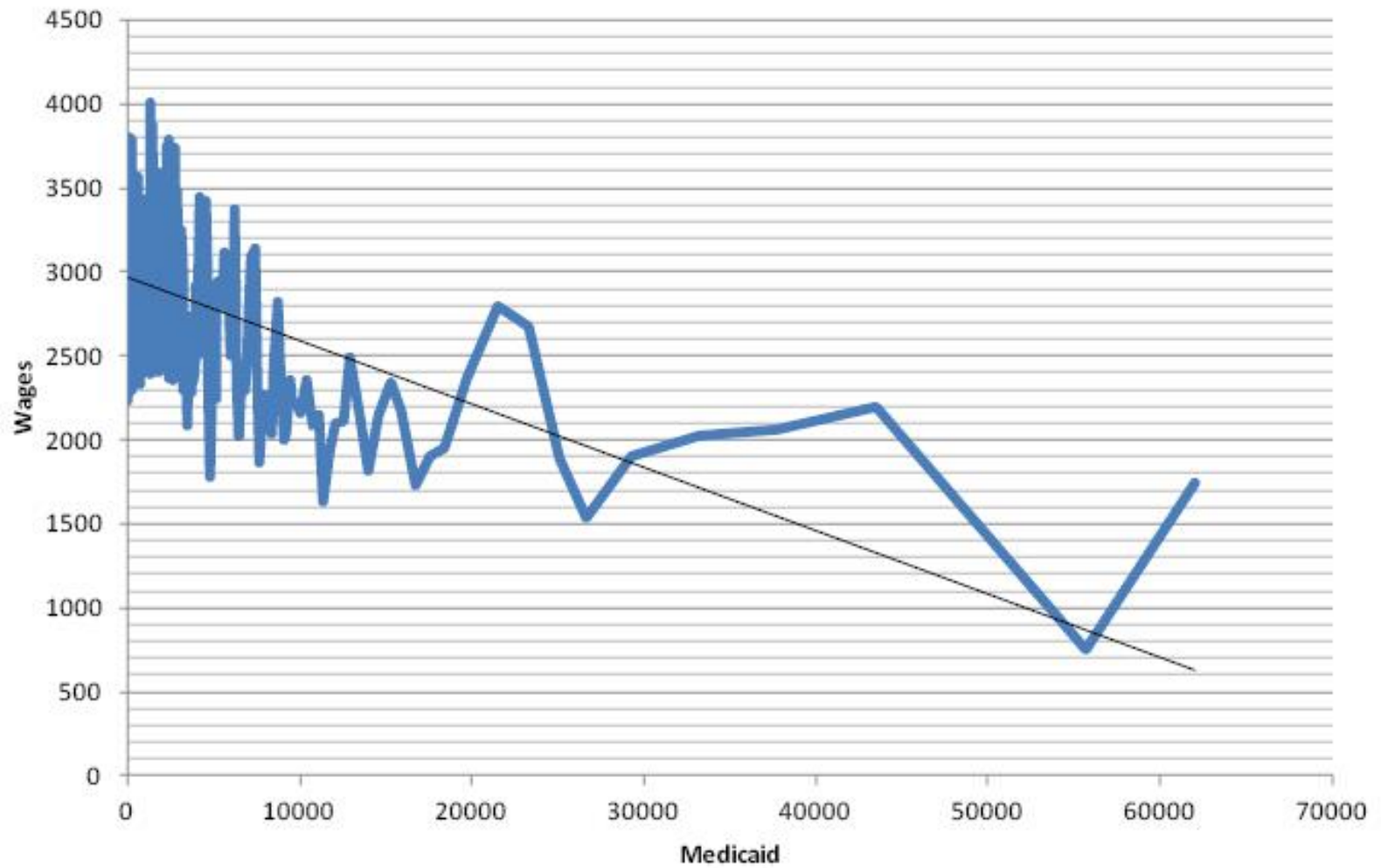
The experimental condition provided Evidence Based Supported Employment and systematic medication management services over a 24-month period. The experimental group, which received purposeful employment assistance (Supported Employment) showed:

- ~significantly higher rates of employment- 61% compared with 40%;
- ~significant improvement in mental health status;
- ~significant improvement in quality of life;
- ~significantly higher number of months employed as well as significantly higher earnings;

SSA Employment Demonstration study (con't)

- ~significant reductions in inpatient hospital use (both admits and days) and psychiatric crisis visits
- ~showed higher use of less costly services such as regularly scheduled clinic visits or mental health visits;
- ~the cost reduction for hospitalizations alone was an average of \$1,800 per year per person.

Quarterly Wages vs Medicaid Pmts CPS Consumers



Some things seem to remain stuck in
the stone age....





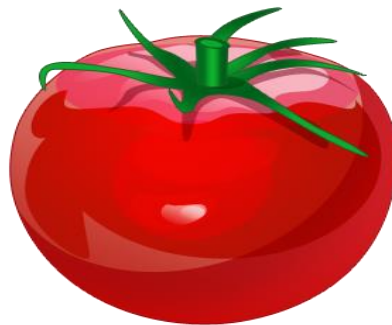
Excellence in Mental Health Act

April 2014

Misty Snodgrass, Director of Public Policy
MO Coalition of Community Mental Health Centers

DISCLAIMER

- I am NOT disrespecting the Excellence in Mental Health ACT...It is a potentially exciting step forward...
- Don't throw rotten tomatoes at me...But there is this issue...



Background

- On March 31, 2014, Congress passed the Protecting Access to Medicare Act (H.R. 4302), which included a demonstration program based on the Excellence in Mental Health Act.
- The Excellence Act will increase Americans' access to community mental health and substance use treatment services while improving Medicaid reimbursement for these services.

How does it work?

- Through the program, states who receive funding will be required to create a definition of “certified behavior health centers” and set standards for evidence-based care at those centers, along with other improvements to behavioral health care.
- Provides funding to states to fund community centers that provide mental health services, including crisis mental health services, screening assessment, 24-hour mobile crisis teams, outpatient mental health and substance abuse services, and psychiatric rehabilitation.

- **Who can spot what is missing????**

(~~VS asks...)

Details – Care Coordination

- Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services including acute, chronic, and behavioral health needs.
- Care coordination requirements shall include partnerships or formal contracts with the following:
 - Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally-qualified health center services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
 - Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.

Details – Care Coordination

- Care coordination requirements shall include partnerships or formal contracts with the following (cont.):
 - Other community or regional services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
 - Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in section 1801 of title 38, United States Code.
 - Inpatient acute care hospitals and hospital outpatient clinics.
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- **Another chance to spot something missing.....**

~~(VS again...)

Details – Scope of Services

- Scope of Services must be in a manner reflecting person-centered care and the following services that must be available directly through the certified community behavioral health clinic, or are provided or referred through formal relationships with other providers:
 - Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
 - Screening, assessment, and diagnosis, including risk assessment.
 - Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
 - Outpatient mental health and substance use services.
 - Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
-

Details – Scope of Services

- Scope of Services (cont.)
 - Targeted case management.
 - Psychiatric rehabilitation services.
 - Peer support and counselor services and family supports.
 - Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

- And, (IMHO) here is something we should keep in mind as we prepare our state's application.....



Selecting Demonstration Project

- The Secretary shall give preference to selecting demonstration programs where participating certified community behavioral health clinics:
 - provide the most complete scope of services to individuals eligible for medical assistance under the State Medicaid program;
 - will improve availability of, access to, and participation in, services to individuals eligible for medical assistance under the State Medicaid program;
 - will improve availability of, access to, and participation in assisted outpatient mental health treatment in the State; or
 - demonstrate the potential to expand available mental health services in a demonstration area and increase the quality of such services without increasing net Federal spending.

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Payment

- Payments shall be made to a State only for mental health services:
 - that are described in the demonstration program application
 - for which payment is available under the State Medicaid program; and
 - that are provided to an individual who is eligible for medical assistance under the State Medicaid Program

Maybe we can get ahead of this curve?

“It’s tough to make predictions, especially about the future.”~~Yogi Berra



Marketing works. Can we make some headway at the beginning of the planning for the Excellence ACT in MO?

- Can we keep moving the ball down the field?
- (obligatory football reference)



Make the default assumption that people WILL plan to work

- Will we stop thinking of employment as a boutique service rather than a foregone conclusion that adults in this culture work?
- Will we remind everybody all the time that work is healing, work reduces medical and social service costs?
- Most important: Work gives people a **BIGGER LIFE!**

**“Tomorrow’s just your future
yesterday.”**

~~Craig Ferguson

